



To: Medi-Cal IPAs and Primary Care Providers
From: IEHP – Provider Relations
Date: September 28, 2017
Subject: Updates to Grievance and Appeals Process and Requirements

In accordance with the Medicaid Final Rule (“Mega Reg”) and in an effort to align Federal and State regulations, the Department of Health Care Services (DHCS) issued All Plan Letter (APL) 17-006, “Grievance and Appeals Requirements and Revised Notice Templates and ‘Your Rights’ Attachments” in May 2017. As of July 1, 2017, IEHP has updated Section 16 of the PM Policies and Attachments and put processes in place to comply with these regulatory changes:

How do these regulatory changes impact IPAs and Providers?

1. Members are now able to file a grievance case pertaining to any event occurring during the Member’s enrollment with IEHP. There is no time limit applied to the Member’s grievance.
2. IPAs and Providers may receive grievances for Members that may not have used the term “grievance” but did express attributes of dissatisfaction. The “Mega Reg” requires that IEHP record the dissatisfaction as a grievance regardless of whether the Member has requested specifically that they want to file a grievance. In instances where the Member states they don’t wish to file a grievance but are expressing dissatisfaction, IEHP is still required to create a grievance case.
3. For both lines of business (Medi-Cal and Medicare), IPAs and Providers may only submit appeals on a Member’s behalf within 60 days from the date of denial.
4. If Members inquire regarding a State Fair Hearing appeal with DHCS, IPAs and Providers are to advise the Member that they are now required to file an appeal at the health plan-level before requesting for a State Fair Hearing with DHCS.

Training Material

IEHP has developed an 8-minute presentation that outlines the changes as of July 1, 2017. We ask that you take a moment to review this presentation and share it with your staff, as you deem appropriate.

Location: www.iehp.org > For Providers > Educational Opportunities > Grievance and Appeals Requirements

Member Complaint Form

Included is the Member Complaint Form in English and Spanish. As required under Provider policy MC_16A, “Member Grievance Resolution Process,” please make sure that this form is readily available to Members upon their request. This form is also available online at this location: www.iehp.org > For Providers > Forms > Grievance Forms > Medi-Cal Form.

If you have any questions, please contact the IEHP Provider Relations Team at (909) 890-2054.